

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743765

FILED
Feb 02, 2009
Secretary of State

Entity Name: COUNTRY CLUB OF MIAMI VILLAS S1/B3 ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 170304
MIAMI, FL 33017

New Principal Place of Business:

19123 WEST LAKE DR.
MIAMI, FL 33015

Current Mailing Address:

P.O. BOX 170304
MIAMI, FL 33017

New Mailing Address:

FEI Number: 59-1748162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELIZ, AUGUSTO
19123 W LAKE DR
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELIZ, AUGUSTO
Address: 19123 W LAKE DR
City-St-Zip: MIAMI, FL 33015

Title: VPD () Delete
Name: ZAPATA, OSCAR
Address: 19111 W LAKE DR
City-St-Zip: MIAMI, FL 33015

Title: T () Delete
Name: HARRIS, CAROLYN
Address: 19115 W LAKE DR
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUGUSTO FELIZ

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date